



2018  
GALEN JUEDEN  
MEMORIAL SCHOLARSHIP

Name of Scholarship Applicant: \_\_\_\_\_

The scholarship is available to high school seniors who are rural water customers, children or grandchildren of rural water customers, or children or grandchildren of CKRWP employees.

Indicate relationship to CKRWP customer/employee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Father/Mother/Guardian Name: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Future Education Plans: \_\_\_\_\_ At which college: \_\_\_\_\_  
(Education Major)

College Address: \_\_\_\_\_

PLEASE ATTACH AN ESSAY REFLECTING HOW YOUR FIELD OF STUDY AND YOUR CAREER GOALS WILL DEVELOP DEDICATION, THE WILLINGNESS TO PUT FORTH 100% EFFORT, AND OTHER POSITIVE CHARACTERISTICS THAT WILL BENEFIT YOU, YOUR FAMILY, YOUR COMMUNITY, AND YOUR CAREER. (not to exceed 500 words)

Community and School Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include a senior picture with application (Suitable to be put in the newspaper)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(Return application to Cedar Knox Rural Water Project, PO Box 518, Hartington NE 68739)